



TOWN OF STONINGTON
DEPARTMENT OF POLICE SERVICES
J. DARREN STEWART, CHIEF

NAME: _____

D.O.B. _____

REASON FOR REQUEST: _____

I am requesting a copy of my criminal record with the Stonington Police Department as of this date. I understand that this record is from the Stonington Police Department only and that other police criminal records could exist in other jurisdictions.

SIGNATURE: _____

DATE: _____

The information provided at this time is based upon current information. This information may change in the future based on further court action.

Authorized Signature

Date